CHILDREN CAN'T WAIT

REPORT OF THE

LIEUTENANT GOVERNOR'S
EARLY CHILDHOOD INTERAGENCY TEAM

December 2000

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Report of the Lt. Governor's Early Childhood Interagency Team

EXECUTIVE SUMMARY

Advancing the health, safety, and success of our children—a vision articulated by Governor Johanns in his Year 2000 address to the Legislature--has guided the work of an interagency team convened under the leadership of Lieutenant Governor Maurstad in the spring of 2000. The team was charged to determine how the Departments of Education and Health and Human Services could work together more effectively in support of the vision and to propose a plan to assure accomplishment of the vision.

The Early Childhood Interagency Team began its work in February of 2000. At that time, the responsibilities of the Team were outlined as:

- To build upon the vision of the Governor that a coordinated approach to the issues of early childhood development will lead to greater potential for success for all Nebraska children,
- To raise public awareness about what is being done and what can be done to improve the life chances of young Nebraskans, and
- To lead the way toward more comprehensive services provided in a more efficient way.

A variety of issues, themes, and suggestions emerged and ultimately pointed the Team in the direction of:

- Identifying outcomes for Nebraska's young children;
- Analyzing current state services/programs;
- Reviewing the state agency systems' needs for further integration (primarily Health and Human Services System and Nebraska Department of Education).

The material, which follows, is the work of the Early Childhood Interagency Team to date. Recurring themes include the need for:

- Resources (in the contexts primarily of child development, professional development, community and systems development)
- Promotion and marketing
- Monitoring and ongoing review of programs/services
- Modeling integrated processes at state level to support local community efforts, and
- Implications for systems integration.

Members of the team eagerly await the Lieutenant Governor's further direction about the report and appreciate the opportunity to support the vision and mission relating to high quality early childhood settings and effective parenting.

<u>OUTCOME A</u> - BABIES ARE BORN HEALTHY AND GO HOME TO A SUPPORTIVE AND HEALTHY ENVIRONMENT, KNOWING WHERE THEY CAN OBTAIN NEEDED SERVICES.

UNDERWAY OR ABLE TO BE STARTED WITH EXISTING RESOURCES:	PLAN TO IMPLEMENT IN THE NEAR FUTURE:	PLAN PENDING FUTURE IMPLEMENTATION:
Discourage the use of tobacco, alcohol, and drugs before conception and during pregnancy through establishment of a public/ private partnership and additional resources, possibly from the Tobacco Settlement. Promote preconception and prenatal vitamins, including folic acid, as a routine practice for all women of childbearing age. Increase public awareness and outreach for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), food stamps, and other nutrition programs available in communities.	Develop and implement a comprehensive primary prevention health care promotion with emphasis upon early development and the importance of family nurturing, including the importance of early childhood mental health services. Promote family-centered practices that contribute to parents' knowledge about the birth process and early childhood care and development through a monthly newsletter for the first 3 years of life, support for a 2-1-1 information and referral system, and expansion of Answers 4 Families with leadership from First Lady.	Make prenatal care more accessible and affordable, particularly in the first trimester, through recruitment and retention of prenatal care providers in rural areas, promotion of culturally competent care, improved access to health care coverage, outreach and supportive services, and assuring the highest standards of care.

OUTCOME B - CHILDREN'S BASIC PHYSICAL AND HEALTH NEEDS ARE MET.

UNDERWAY OR ABLE TO BE STARTED WITH EXISTING RESOURCES:	PLAN TO IMPLEMENT IN THE NEAR FUTURE:	PLAN PENDING FUTURE IMPLEMENTATION:
Provide regular, periodic developmental and basic health screenings for all children at appropriate age intervals. Refer children with health or developmental risk factors for further evaluations as appropriate. **Promote safe, healthy homes and communities.** Ensure that all newborns are screened for hearing loss before hospital discharge. Implement a tracking system that assures that those infants identified with potential hearing loss in the hospital receive appropriate diagnosis, treatment, and educational services after discharge. Provide a home visit by a qualified professional, agreed upon voluntarily by the family, during the first week following birth. Implement continued and periodic home visits throughout the early childhood period for those families who have identified particular needs via statewide home visitation.	Develop specialty medical and mental health care and treatment statewide for children and their families through the promotion and utilization of telehealth services. Establish a public awareness campaign to promote and support breastfeeding as the best nutrition for babies through workplace policies accommodating breastfeeding and the revision of regulations to acknowledge breastfeeding as preferred method. Promote awareness of the high incidence of abuse and neglect in children with disabilities and develop needed supports and training for families of children with special needs.	Assess the need for early childhood mental health services via the current Early Childhood Mental Health Work Group. Ensure that children are safe through training of child protective services staff on early childhood development and recognition of abuse and neglect of children with disabilities via a medical tracking system and health and developmental assessments. Ensure that children in the foster care system receive services identified through health and developmental assessments and that medical and dental records are located in a tracking system to assure continuity of care.

Ensure that all babies identified as "at risk" are enrolled in the NICU follow-up process (Developmental TIPS) and supported throughout early childhood. Ensure all children are appropriately immunized by two years of age through creation of public awareness of need to immunize. Ensure that babies identified as "high-risk" are referred to the Medically Handicapped Children's Program and Early Intervention Program for services.		Ensure that all children have a medical and oral health care home via access to local health care resources (insurance coverage, providers, transportation, etc.).

<u>OUTCOME C</u> - FAMILIES WITH YOUNG CHILDREN LIVE IN SAFE AND NURTURING COMMUNITIES/NEIGHBORHOODS.

UNDERWAY OR ABLE TO BE STARTED WITH EXISTING RESOURCES:	PLAN TO IMPLEMENT IN THE NEAR FUTURE:	PLAN PENDING FUTURE IMPLEMENTATION:
Provide quality information and materials on parenting and child development through natural community access points: doctor's offices resource centers churches, shopping centers, etc. Develop and offer quality parenting and family issues classes for parenting teens. Target availability via natural community environments: doctors offices, resource centers, schools, etc.	Develop and offer quality parenting and family issues classes for adults/families with young children. Target availability via natural community environments: doctors offices, resource centers, schools, etc. Develop partnerships with communities to promote safe neighborhoods, safe schools, safe communities.	

<u>OUTCOME D</u> - FAMILIES WITH YOUNG CHILDREN ARE CONNECTED TO AND SUPPORTED WITHIN THEIR COMMUNITIES.

UNDERWAY OR ABLE TO BE STARTED WITH EXISTING RESOURCES:	PLAN TO IMPLEMENT IN THE NEAR FUTURE:	PLAN PENDING FUTURE IMPLEMENTATION:
Expand existing local literacy public awareness initiatives and literacy programs targeting child care settings, schools, libraries, family resource centers and other community settings through a linking of current initiatives such as Read for Joy, HeadsUp! Reading, and Even Start and carry out a planned redesign of the Nebraska Good Beginnings Parenting Education Materials. Further develop and make available to communities quality diversity and equity training--training beyond awareness and competency training. Consider this training as a mandatory condition to receive State grants.	**Expand the provision and support of a variety of comprehensive, community-based home visitation programs.** **Begin book give-away programs with distribution through physician's offices, libraries, fairs, and other community events.**	Promote and assist communities in the establishment of family resource centers within neighborhoods, in or near schools providing a variety of services/supports, quality childcare, family literacy, health and mental health services, parenting skills building services, parent/adult education, job readiness services, or other family support services. Promote wages that will allow families to provide the care and support needed for the healthy development of their children.

<u>OUTCOME E</u> - FAMILIES CAN FIND AND ACCESS APPROPRIATE PROGRAMS AND SERVICES TO MEET THEIR CHILDREN'S DEVELOPMENTAL AND LEARNING NEEDS, INCLUDING CHILDREN WITH SPECIAL NEEDS.

UNDERWAY OR ABLE TO BE STARTED WITH EXISTING RESOURCES:	PLAN TO IMPLEMENT IN THE NEAR FUTURE:	PLAN PENDING FUTURE IMPLEMENTATION:
Expand opportunities for families to find quality inclusive child care settings for children with disabilities and to access all services in the most natural environments.	**Building on the integrated model developed through the Early Childhood Pilot Projects, increase the number of full day/full year collaborative programs involving Head Start and other school and community-based programs, including those serving children with special needs.** **Develop strategies and resources to respond to the demand for infant/toddler and out-of-school time care.** Provide incentives for child care settings meeting higher quality standards via a multi-level system to provide options for parents in the selection of programs. Develop strategies and resources to respond to the demand for care during non-traditional hours.	Provide incentives for business and industry to offer child care, including school age care, on/near site or as an employee benefit through implementation of the recommendations of the Governor's Business Council on Child Care. Establish a low-cost or no-cost loan program and expand current grant programs to build or renovate facilities.

<u>OUTCOME F</u> - COMPREHENSIVE CHILD DEVELOPMENT PROGRAMS/ SERVICES ARE BASED ON RESEARCH-BASED PRACTICE AND STANDARDS.

UNDERWAY OR ABLE TO BE STARTED WITH EXISTING RESOURCES:	PLAN TO IMPLEMENT IN THE NEAR FUTURE:	PLAN PENDING FUTURE IMPLEMENTATION**:**
Establish a multilevel system of standards for all early childhood care and education programs, including a program selection/evaluation tool for use by families and performance indicators to measure program effectiveness. **Continue work on the development of a coordinated database for all early childhood settings to monitor service provision and effectiveness.** **Strengthen the existing training system by increasing support to the existing Regional Training Coalitions.** **Implement a scholarship/ wage improvement program based on the T.E.A.C.H. model** Provide incentives to communities to establish collaborative partnerships at the community level among child care, Head Start, and public preschool programs. Require that state Requests for Proposals be configured to require such partnerships to access state/federal funds.	Develop an early childhood credentialing system that begins with an entry-level credential and includes all levels of postsecondary education and all systems that deliver in-service training.	To help recruit and retain well-prepared staff, establish state-funded health insurance for staff members in child care programs that serve children receiving subsidy. Strengthen the relative and approved provider child care sector through required minimum training.

<u>OUTCOME G</u> - BROAD-BASED NETWORKS OF INDIVIDUALS AND ORGANIZATIONS WORKING AT THE STATE AND COMMUNITY LEVELS SUPPORT THE HEALTH, SAFETY, AND SUCCESS OF ALL YOUNG CHILDREN.

UNDERWAY OR ABLE TO BE STARTED WITH EXISTING RESOURCES:	PLAN TO IMPLEMENT IN THE NEAR FUTURE:	PLAN PENDING FUTURE IMPLEMENTATION:
Develop a marketing plan that will make Governor a champion for early childhood. **Continue the Early Childhood Interagency Task Force to develop strategies for coordination of all services toward an integrated system of early childhood services.** **Support the work of the new Early Childhood Interagency Council through support for the creation of a state-level business work group and a workgroup of the council to address the issues and needs of young children with developmental delay or disabilities and their families.** Further develop an integrated, interagency multidisciplinary state response team to include representatives of relevant agencies and private sector participants as a support for community planning through technical support and training (needs assessments, evaluation processes, funding options)	Form local/regional systems integration work groups to meet monthly through identification of key members of existing early childhood community. Work groups will: • Examine programs/ services with regard to integrated access, services delivery, funding and outcomes. • Review and approve new initiatives to ensure they fit the vision.	Governor and Legislature direct resources toward early childhood programs/services. • Reexamine the use of tobacco funds, Medicaid or interagency transfer funds for redirection to early childhood initiatives/activities • Introduce or support legislation that focuses on and promotes early childhood initiatives.

OVERVIEW

CHALLENGES FACING YOUNG CHILDREN AND THEIR FAMILIES. Increasing numbers of young children are entering school unprepared to be successful in an ever more challenging educational system. Teachers cite diminished language development and inability to control behavior (Nat'l Research Council, 2000; Pianta, 1999). Many more children come to school speaking a language other than English and those numbers will continue to grow. In spite of the success of Kids Connection in providing access to health care, many families continue to report difficulty in accessing basic medical and dental care for their children.

Nebraska is reported to have the highest proportion of women with children under six in the workforce in the nation. This means that nearly three fourths of prekindergarten children are cared for in some form of out-of-home setting for the large majority of their waking hours during the majority of their preschool years. Child care is often of marginal quality. National studies show that only 24 percent of care for preschoolers and 8 percent of that for infants can be rated as good to excellent with no reason to believe that Nebraska is any different (Peisner-Feinberg, 1997). The number of nationally accredited programs in Nebraska is low, low wages depress staff training levels and create high turnover, factors known to depress child outcomes. Scans of healthy and impoverished brains are stark evidence of the consequences of lack of consistent and loving care and access to optimal intellectual stimulation (Bransford *et al,* 1999; Shore, 1997).

Annually, approximately 10,000 Nebraska children from poverty or otherwise challenged family circumstances have no access to the quality of early childhood programs that would improve their life chances. The federal Head Start program serves fewer than half of the Nebraska children whose family's low incomes make them eligible. Although many schools are interested in establishing partnerships with community groups to serve younger children, their current resources do not permit it. Only about two dozen public schools currently offer preschool programs; when they do, resources allow only a small number of children to participate. Annually, over one-fourth of five-year-old children do not enter kindergarten when they become eligible, extending the time they may be in less than educationally stimulating settings.

BETTER OUTCOMES ARE WITHIN OUR REACH. Well-designed early childhood settings, including health services and family support have a major role to play in successfully addressing challenges facing many young children and have been demonstrated in study after study to be a cost effective way to address early challenges (Barnett, 1999; Barnett & Escobar, 1989; Campbell & Ramey, 1994; Gomby *et al*, 1995; Huffman *et al*, in press; Karoly *et al*, 1998; Peisner-Feinberg *et al*, 1999; Schweinhart *et al,* 1993). Building high quality early childhood programs will take much more than any level of government or the private sector has yet been willing to commit.

It will take a combined effort involving families, public and private early childhood programs, schools, faith-based groups, other community agencies and local and state government. It will need to involve a combination of current and new resources--parent

fees, income-based cost strategies, and federal, state, local, and employer-sector contributions (Kagan & Cohen, 1997; O"Donnell & Galinsky, 1998)**.** While no one group or agency will be able to provide the array of programs and services a diverse population of children and families will need and expect, what now exists is too fragmented and under-resourced to be effective. In contrast, it is now understood that the system needs to be organized to be responsive to children's needs and family preferences.

The child development programs of the future will routinely integrate services, preferably in a single location in a community or neighborhood. This means that the ideological and funding boundaries that have traditionally grown up around child and family serving agencies will need to become more permeable. For example, private agencies will work in cooperation with a school or other public agency to offer a full working day child development program in a school facility. These arrangements will become much more common than they now are to assure that low income and at risk children reach their potential.

The evidence continues to mount that high quality early childhood development programs make a significant difference in the school success and life accomplishments of children who participate (Barnett, 1999; Barnett & Escobar, 1989; Campbell & Ramey, 1994; Gomby *et al*, 1995; Huffman *et al*, in press; Karoly *et al*, 1998; Peisner-Feinberg *et al*, 1999; Schweinhart *et al,* 1993). An effective system of early childhood development programs and services would insure the future of young children.

NEBRASKA HAS MADE A START. The "present" for young children in Nebraska holds promise. Our state has one of the most well developed systems of any in the nation for serving young children with disabilities and their families. Much has also been learned from the ten Early Childhood Pilot Projects partially funded by state funds beginning in 1992, and from the work of the Departments of Education and Health and Human Services to improve the quality of child care settings. Progress has been made in extending health insurance to young children through Kids Connection and in improving level of immunizations. These learnings are key to formulating "to scale" initiatives to integrate and expand family support and early development and learning opportunities for Nebraska's children.

Progress has been made toward more effective center-based and family child care programs. Federal funds have enabled interested programs to seek national accreditation, an established tool to assure better child outcomes. Last year these efforts resulted in Nebraska making the greatest growth in the proportion of accredited centers in the nation, moving from 42nd to 28th in ranking.

Nebraska's Early Childhood Training Center provides support to all staff working with young children through direct training, a toll-free line, mailings, free loan of materials, and support to trainers state-wide. Fourteen Regional Training Projects work with the Training Center to create and coordinate training opportunities at the local level.

MEETING THE CHALLENGE. To fail to raise understanding of the need for quality settings and support services to a level of public consciousness that creates a will to act and to commit resources will leave thousands of young Nebraska children in less than nurturing environments. Moreover, the evidence is very clear: Children who do not receive nurturance and intellectual stimulation in the critical early years do not reach their potential. Nebraska needs all its children—now and in the future. Meeting this challenge will result in healthy and successful children and a better Nebraska

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

This section provides an analysis of existing state and federal resources used by state government to support programs and services for young children and their families. It is followed by a detailed matrix containing information about source of the funding, eligibility, and purpose. The relationship of programs supported by the funding stream to the seven objectives detailed in the Executive Summary is noted in the last column on the right of the matrix.

SUMMARY OF CURRENT PROGRAMS AND ACTIVITIES

The Facts

An analysis of Nebraska's current programs and activities was completed and is displayed in the matrix on the pages which follow. This matrix revealed the following facts:

- 84.2% of funding ($152,798,850 of a grant total of $181,417,188) for early childhood programs and activities is federal.

- Of these federal funds, $144,873,645 is specifically targeted for categorical services (e.g., WIC services and supplemental foods, vaccine, special education, behavioral health, and early intervention services for children with disabilities.

- The remaining $7,925,205 of federal funds, though classified as block grants and thus discretionary, have significant limitations on their use.

    - The Title V/Maternal and Child Health Block Grant is to be used for preventive and primary health care for a larger population, including adolescents, with specific set-asides for children through age 19 and children with special health care needs and their families.

    - The Child Care and Development Fund (CCDF) is a block grant that includes the mandatory, matching and discretionary funds. It is earmarked for quality initiatives with a specific focus (Resource and Referral and School Age Development). The overall goals of CCDF include improving the quality, affordability and availability of childcare for low-income families and their children. Federal statute requires that 70% of the mandatory funds be used for subsidized childcare for families on Aid to Dependent Children (ADC), transitioning off ADC and at-risk of receiving ADC. A minimum of 4% of the total federal funds and state match must be used for quality initiative. No more than 5% of these funds can be used for administration.

- Of the $28,618,558 in State General Funds, 91.2% is earmarked for specific services or tied to federal grants as a source of required match.

- Limitations in data systems do not facilitate accurate unduplicated counts of children served, nor accurate counts of children in specific age groups. What our existing money truly "buys" in terms of the total population of young children served is difficult to determine.

    - Though funding and programs are categorical in nature, the delivery systems and local partners have significant commonalties. The interfaces and integration opportunities are many - some realized and some yet to be explored.

THE IMPLICATIONS

The development of integrated and enhanced early childhood programs and services will be challenged by the limitations inherent in categorical funding. Major portions of existing funding sources are unlikely candidates for reallocation because of the specificity of the federal appropriation. The opportunities lie in how local delivery systems are designed within these constraints and how state-community partnerships are developed to support these new systems.

Even with creative and dedicated efforts, additional sources of flexible funding will likely be necessary to fill gaps, expand services, and enhance quality. Identifying options and creating a plan to optimally finance a future system of early childhood services will be a formidable but essential next step in the process.

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

Matrix #1: State Funds Only
NDE = Nebraska Department of Education
HSSS = Health and Human Services Systems

Funding Source	$ Amount		Recipients		Activity			Contractor/ Grantee	Outcomes (See Page 4)
	Federal	State	Eligibility	#	Direct Services	Systems Building	Time Frame		
At NDE:									
State Early Childhood Special Education (ECSE) *Systems Building--Categorical*	$0	$65,045	N/A	N/A	None	To Early Child-hood Training Center for training, technical assistance and consultation	Annual state appropriation to NDE special education for continuation funding for training, technical assistance and cons.	Early Childhood Training Center	A through G
At HHSS									
Newborn Hearing Screening *Systems Building --Categorical*	$0*	$92,276 in FY 2001 $103,905 in FY 2002	All infants born in Nebraska	Goal is 95% of all new-borns	Hearing screening of newborns before hospital discharge, with cost of screening born by third party payers (incl. Medicaid), parents, and/or hospitals	Data and tracking systems; technical assistance; standards and protocols for screening and follow-up	New appropriation for FY 2001; annual thereafter		B,G
At HHSS/NDE Cooperatively									
Nebraska Good Beginnings *Systems Building*	$0	$155,000 (HHSS) $5,000 (NDE) In-kind by both agencies	Children, prenatal through 5 years and their families	Would dupli-cate other counts	Promotes a variety of early childhood services through other funding sources: child care, home visits, parent education, health care, family support	Promotion of early childhood as a valuable program for children and their families through community based systems. Promotes integration and coordination of local child caring/family systems.	On-going initiative. Three year contract cycle.	YWCA of Lincoln. State-wide management.	A through G

* Statute also requires Medicaid to cover cost of screening/testing for eligible infants and authorizes $159,531 and $175,264 in federal Medicaid funds in FY 2001 and FY 2002, respectively and $103,960 and $115,077 in state general funds in matching for those same years.

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

Matrix #2: Federal and State Funds

Funding Source	$ Amount		Recipients		Activity			Contractor/ Grantee	Outcomes (See Page 4)
	Federal	State	Eligibility	#	Direct Services	Systems Building	Time Frame		
At NDE:									
General Fund Early Childhood Projects *Direct Services*	$560,000*	$560,000*	Children 0-5; 70% at risk via Rule 11 and their parents	507	Comprehensive child development program or parenting education	Extensive evaluation; training TA thru NDE and ECTC; NDE requires accreditation	On-going funding once selected, then annual continuation application	School Districts in collaboration with community agencies	A,D,F,G
Head Start-State Collaboration Office *Systems Building -- Categorical*	$100,000	$33,000 (in kind)	N/A	N/A	None	Facilitate access of Head Start grantees to state government; promote state EC system	5 year grant with annual continuation application	NDE via Governor's Office	Promotes A-G
At HHSS									
Title V/Maternal and Child Health Block Grant *Direct Services and Systems Building Discretionary*	$4,100,000	$1,800,000 (match)	All mothers/women of child-bearing age, infants and children/youth 1-22, including children with special health care needs	**	Primary and preventive health care, outreach, supportive services (translation, transportation), education, population based services such as newborn screening, immunizations, dental sealants, etc., specialty care for children with special health care needs via Medically Handicapped Children's Program	Needs assessment, evaluation, planning, policy development, QA training, information systems	Annual block grant	22 subgrantees, including local health departments, hospitals, community action agencies, Native American Tribes, others; some services via HHSS such as Medically Handicapped Children's Program have additional contractors	A, B, C, D,G
Women Infants and Children (WIC) *Direct Services -- Categorical*	$26,200,000	$16,760 for voter registration	Pregnant women, post-partum/breastfeeding women, infants, children 1-4; 185% of poverty and at nutritional risk	***	Supplemental foods, nutrition/health education, referrals to other services	Surveillance, QA, Training	Annual allocation based on a funding formula	14 subgrantees, including local health departments, hospitals, community action agencies, others	A,B,C,D

* $50,000 X 10 projects plus evaluation; competitive application at outset; then ongoing funding; requires at least 50 percent match of local and federal funds.

** For direct and supportive services: 4,945 pregnant women, 2,891 infants, 20,416 children and youth 1-22, 495 children with special health care needs; additional served via population based services.

*** August estimate: 8,196 women, 8,509 infants, and 16,383 children 1-4.

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

Matrix #2: Federal and State Funds

Funding Source	$ Amount		Recipients		Activity			Contractor/ Grantee	Outcomes (See page 4)
	Federal	State	Eligibility	#	Direct Services	Systems Building	Time Frame		
Immunization Program *Direct Services and Systems Building--Categorical*	$2,000,000 plus vaccine valued at $6,500,000	$330,553	All children, adolescents	*	Immunizations, education, outbreak control	Data collection, tracking, training, QA	Annual allocation	55 public immunization clinics; 215 private providers (VFC component)	A,B
Child Care and Development Fund (CCDF) (FFY 00) *Direct Services and Systems Building--Categorical*	$19,751,300	$18,974,520	Families with children under age 13 or with children with special needs with incomes at or below 185% of poverty (FFY 98) who need child care for employment or training/education, incapacitation of parent(s); foster parents of state wards; families with an open CPS case where child care is an identified need. State wards with children with an open CPS case are eligible for childcare to age 19.	29,450	Financial assistance for the cost of child care at no cost or shared cost with the parents or guardians	None	Annual federal fiscal year allocation based on established formula	HHSS	E
CCDF (FFY 00) *Direct Services and Systems Building--Categorical*	$66,023	$50,000	Families with children under age 13 or with children with special needs with incomes at or below 185% of poverty (FFY 98) who need child care for employment or training/education, incapacitation of parent(s); foster parents of state wards; families with an open CPS case where child care is an identified need. State wards with children with an open CPS case are eligible for childcare to age 19.	N/A	None	Nebraska Resources and Referral System: Enhancements to the on-line resources and referral system to improve access and quality			A,D
Child Mental Health (0-18) (19% are 0-8) *Direct Services and Systems Building--Categorical*	$4,151,230	$2,871,667	Children with emotional, behavioral, mental disorders	2,297 (0-18) 443 (0-8)	Mental health services Wraparound	Children Mental Health Grants and Regular YS	Ongoing/5 year federal grants	Mental Health Regions/Mental Health Providers	A,C,D,G
Child Substance Abuse (0-18) (3.7% are 0-8) *Direct Services and Systems Building--Categorical*	$316,314	$506,034	Children with substance abuse disorders	273 (0-18) 10 (0-8)	Substance Abuse Services	Regional Youth Specialists	Ongoing	SA/MH Regions SA Providers	A,B,C,D,G

* Estimated that 30% of each with cohort is served via public immunization clinics; additional children served via private physician offices by program.

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

Matrix #2: Federal and State Funds

Funding Source	$ Amount		Recipients		Activity			Contractor/ Grantee	Outcomes (See Page 4)
	Federal	State	Eligibility	#	Direct Services	Systems Building	Time Frame		
Children's Medicaid Waver *Direct Services and Systems Building--Categorical*	$3,213,409	$2,142,274	0 to age 18	552	Child Care; Respite; transportation	Gives families choice between institutional and home service		Independent contractors, agencies who meet standards	
Medically Handicapped Children's Program *Direct Services and Systems Building--Categorical*	$805,366	$912,394	0 to 21	2884	Diagnosis and evaluation; limited medical services	System of services for children with special health care needs		Licensed medical professionals meeting program standards	

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

Matrix #3: Federal Funds Only

Funding Source	Amount		Recipients		Activity			Contractor/ Grantee	Outcomes (See Page 4)
	Federal	State	Eligibility	#	Direct Services	Systems Building	Time Frame		
Head Start (Federally Administered)									
Head Start and Early Head Start *Direct Services and Systems Building -- Categorical*	$20,073,647	$0	Children prenatal-5 from families earning below federal poverty line	4,497	Comprehensive child development program including parent involvement and health, nutrition and mental health services	Administered directly by federal government through Region VII; training and TA contractors; extensive federal performance standards	Annual allocation; competitive process for expansion	Local grantees (Community Action Agencies; schools, tribes, other non-profit agencies)	
NDE and HHSS: (Co-Leads)									
Individuals with Disabilities Education Act (IDEA), Part C: Early Intervention for Infants and Toddlers with Disabilities *Systems Building -- Categorical*	2 fiscal years $953,546 $1,134,933	$0	Infants and Toddlers with disabilities birth to 3. System support/indirect services	N/A		Planning Region Teams, Community Building, Early Childhood Training Center, Parent Training Center, Training and Technical Assistance	Ongoing	Planning Region Teams, Community Building, Early Childhood Training Center, Parent Training Center, Training and Technical Assistance	A - G
IDEA, Part C: Early Intervention Services Coordination to provide services coordination for EI children and families. *Direct Services and Systems Building -- both Categorical*	$2,680,000	$0	Birth to 3	3,402	Entitlement: Services Coordination for families of children with disabilities, birth to 3	29 planning regions with emphasis on systems change; interagency teams; Co-lead NDE and HHS; grants to accomplish systems change	Ongoing	Agencies in 29 planning regions selected through competitive bid process	

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

Matrix #3: Federal Funds Only

Funding Source	$ Amount		Recipients		Activity			Contractor/ Grantee	Outcomes (See Page 4)
	Federal	State	Eligibility	#	Direct Services	Systems Building	Time Frame		
At NDE:									
Individuals with Disabilities Education Act, Part B (Federal Individuals with Disabilities Education Act): -- Flow through to reimburse School Districts *Direct Services -- Categorical*	$21,388,991 (FY 99-00)	$0	Entitlement: Children with verified disabilities birth to 5. Nebraska utilizes for birth to age 5 per state legislature mandate. (Children 5-21 program funded with state general fund)	3,071	School districts provide special education and related services to children birth to 5 with disabilities, according to NDE Rule 51. Services include special education instruction, speech-language therapy, physical therapy, occupational therapy, and transportation	N/A	Annual federal appropriate to NDE: Federal funding formula based on state child count of children with disabilities	School Districts	D,E,F,G
IDEA, Part B, Section 619: --Flow through to school districts --Discretionary *Direct Services and Systems Building -- both Categorical*	$649,935 328,873	$0	Entitlement: Children with verified disabilities, ages 3 to 5	2,117 (Dup-licate count, see above)	Flow-through money; same as above	Discretionary money; higher education, Early Childhood Training Center (ECTC)	Same as above for flow through money. For discretionary money: Annual grant awards to higher education and Early Childhood Training Center	Flow-through: School Districts. Discretionary: Nebraska higher education and Early Childhood Training Center	D,E,F,G
United States Department of Agriculture Child and Adult Care Food Program (CACFP) (FFY 99) *Direct Services -- Categorical*	$21,147,482*	$0	Reimbursement to Child Care Centers (Non-Profit and eligible privately owned)	10,863 average daily partici-pation	Reimbursement for meals and snacks	N/A	Reimbursement of actual expenditures to eligible recipients	Nebraska Dept of Education	B,G
Even Start Family Literacy: Federal Title I, Part B, IASA (Improving American's School Act) *Direct Services and Systems Building -- Categorical*	$697,000	$0	Families with low literacy with children 0-7	301	Early childhood, parenting, and adult education through collaboration with existing programs	Extensive evaluation via state performance indicators; TA thru NDE and ECTC; NDE requires accreditation	4 year grants with annual continuation application; reapplication in competition with all applicants	School district or community agency	E,F,G

* Includes a small number of children ages 8 to 12.

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

Matrix #3: Federal Funds Only

Funding Source	$ Amount		Recipients		Activity			Contractor/ Grantee	Outcomes (See Page 4)
	Federal	State	Eligibility	#	Direct Services	Systems Building	Time Frame		
Title I Preschool Projects: Federal Title I, Part A, IASA *Direct Services and Systems Building -- Categorical*	$2,300,000*	$0	Children 4 and 5 who are educationally disadvantaged	864	School-based preschool via Head Start, Performance Standards and parenting education	Needs assessment; on-site reviews; access to ECTC	Annual plan submitted to NDE	School Districts	E
Title I, Subtitle B: Education for Homeless Children and Youth *Direct Services and Systems Building -- Categorical*	$105,596	$0	Children 4-18 who are homeless, including preschool children; TA to school districts					LEAs	
Child Care Development Fund: Early Childhood Training Center *Systems Building*	$344,000	$0		N/A	None	Training, technical assistance and consultation to child care /early education programs through curriculum development, delivery of training, lending library, statewide toll-free number; direct resource mailing to child care programs, leadership in numerous professional development, literacy, early childhood care and education initiatives (Leadership Training, SCRIPT, Mentoring)			

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

Matrix #3: Federal Funds Only

Page 4

Funding Source	$ Amount		Recipients		Activity			Contractor/ Grantee	Outcomes (See Page 4)
	Federal	State	Eligibility	#	Direct Services	Systems Building	Time Frame		
Child Care Development Fund: Early Childhood Training Center *Systems Building*	$242,000 (New money in FY 99)	$0	N/A	N/A	N/A	Implement Continuing Education Units for CDA; Public Engagement Campaign Leaderships Development; Healthy Child Care: Expansion of Management and Mentor Training Projects; Augmentation of Media Center Materials; Tiered Licensing/Reimbursement Meetings.			F,G
CCDF: Accreditation Enhancement *Systems Building*	$10,000	$0		N/A	None	Technical assistance and grants to early childhood programs seeking national accreditation through NAEYC or NFCCA		Sub-grantee: Department of Education	E,F
CCDF: CDA Scholarships *Systems Building*	$15,000	$0		N/A	None	Financial assistance to low income early childhood staff to meet CDA requirement		Sub-Grantee: NE Department of Education	F

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

Matrix #3: Federal Funds Only

Funding Source	$ Amount		Recipients		Activity			Contractor/ Grantee	Outcomes (See Page 4)
	Federal	State	Eligibility	#	Direct Services	Systems Building	Time Frame		
Child Care Development Fund: Continuity Grants *Systems Building*	$146,831	$0		N/A	None	Grants to part day early childhood programs to develop full day/full year services		Sub-Grantee: NE Department of Education	F,G
CCDF: Regional Training Grants *Systems Building*	$182,000	$0		N/A	None	Technical assistance and financial support to regional team to promote available and accessible high quality training		Sub-Grantee: NE Department of Education	F,G
CCDF: First Connections *Systems Building*	$146,831	$0		N/A	None	Multi-media curriculum focused on infant/toddler development and appropriate practice		Sub-Grantee: NE Department of Education	F,G
CCDF: School Age Project *Systems Building*	$46,764	$0		N/A	None	Training and Technical assistance for out of school time for school age children		Contractor: Family Services of Omaha	F,G
At HHSS (Family Health):									
Healthy Child Care Nebraska *Systems Building -- Categorical*	$100,000	$0	All children in a child care setting	N/A	None	Promote healthy child care environments through consultation, standards, etc.	Year to year grant, in 4th year	Early Childhood Training Center for some activities; additional contractors TBA	A,B,C,D,F,G

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

Matrix #3: Federal Funds Only

Funding Source	$ Amount		Recipients		Activity			Contractor/ Grantee	Outcomes (See Page 4)
	Federal	State	Eligibility	#	Direct Services	Systems Building	Time Frame		
Commodity Supplemental Food Program. *Direct Services -- Categorical*	$650,000 plus value of USDA donated commodity foods	$0	Pregnant women, post-partum/breastfeeding women, infants, children 1-5, seniors; 185% of poverty	1089 (0-5) 258 women 12,110 elderly	Supplemental foods, nutrition/health education, referrals to other services		On-going	8 subgrantees, primarily community action agencies	A,B,C,D
At HHSS									
Child Care Development Fund: Child Care Licensing Program *Systems Building*	$1,403,360	$0	Individuals, corporations and agencies licensed to provide child care/preschool programs	N/A	None	Licenses, monitors and provides consultation and technical assistance to nearly 4,500 licensed child care/preschool programs; investigates complaints in licensed programs and investigates allegations of illegal care in unlicensed programs; assists parents in identifying child care options; assists communities in identifying child care needs and resources.			G

* State funds support Nebraska Resources and Referral Services for all ages of people, not only services/providers for young children and their families.

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

Matrix #3: Federal Funds Only

Funding Source	$ Amount		Recipients		Activity			Contractor/ Grantee	Outcomes (See Page 4)
	Federal	State	Eligibility	#	Direct Services	Systems Building	Time Frame		
Child Care Development Fund: Child Care Grant Fund *Systems Building*	$250,000	$0	Individuals, corporation and agencies licensed to provide child care or interested in becoming licensed to provide child care services	N/A	None	Grants for start up of new and expansion of existing child care centers and family child care homes; grants to currently licensed programs to meet licensing requirements			F
CCDF: Legally Exempt Provider Grant *Systems Building*	$50,000	$0		N/A	None	Grants for legally exempt family child care homes to meet approval standards and maintain safe settings for children. These funds have also been used for the remodeling costs for on-site child care in HHS 24 hour facilities			F
CCDF: Early Head Start/Infant Toddler Initiative *Systems Building*	$146,830	$0		N/A	None	Financial support to early Head Start program to improve quality of care in childcare centers and licensed and unlicensed homes for infants and toddlers.			E,F,G
CCDF: Reimbursement for Management Training *Systems Building*	$3,450	$0		N/A	None	Reimbursement for Management Training tuition			F

CURRENT EARLY CHILDHOOD PROGRAMS AND ACTIVITIES

Matrix #3: Federal Funds Only

Funding Source	$ Amount		Recipients		Activity			Contractor/ Grantee	Outcomes (See Page 4)
	Federal	State	Eligibility	#	Direct Services	Systems Building	Time Frame		
Child Care Development Fund (CCDE): Nebraska Resource and Referral System *Systems Building*	$66,023	$50,000*		N/A	None	Enhancements to the on-line resource and referral system to improve access and quality			A,D
CCDF: Respite Care *Systems Building*	$100,000	$0	N/A	N/A	N/A	Contracts to develop network of respite care services	Allocation for FFY 2000	Health and Human Services	A,D
CCDF: License Information System *Systems Building*	$75,000	$0	N/A	N/A	N/A	License Information System			E,G
CCDF: Early Childhood Interagency Council/National Governor's Association *Systems Building*	$200,000	$0	N/A	N/A	N/A	Early Childhood Interagency Council/National Governor's Association			G
CCDF: Enhanced Subsidy of Accredited Programs *Systems Building*	$250,000	$0	N/A	N/A	N/A	Enhanced Subsidy of Accredited Programs/??			
CCDF: Child Care Training Videos *Systems Building*	$100,000	$0	N/A	N/A	N/A	Child Care Training Videos			E,F,G
CCDF: Child Care Training Materials *Systems Building*	$21,558	$0	N/A	N/A	N/A	Child Care Training Materials			G
CCDF: Not Earmarked at this time *Systems Building*	$25,558	$0	N/A	N/A	N/A	Not earmarked at this time			
CCDF: Temporary Assistance for Needy Families (TANF) *Direct Services*	$9,000,000	$0	Same eligibility as Child Care Subsidy through Child Care and Development Fund	In-cluded CCDF	Subsidized child care	N/A	Annual federal fiscal allocation based on established formula	Health and Human Services	E

MEETING THE CHALLENGE:

PROPOSED OUTCOMES AND STRATEGIES

The Outcomes and Strategies detailed in the following pages are recommended as a framework for accomplishing the Governor's vision of advancement of the health, safety, and success of Nebraska's young children.

ASSURING MATERNAL AND CHILD HEALTH

Nebraska is generally viewed as a very healthy state in which the well being of its citizens is among the best in the nation. However, certain variables have been slowly changing that status over time. Indications of those shifts may be found in such variables as the state's ranking for child well being in the Kids Count Data Book. From 1998 to 1999, based in part on an increase in infant mortality in 1996, Nebraska's ranking dropped from fourth to eleventh. In that year, Nebraska had the seventh highest infant mortality rate in the nation.

More recent data indicate that Nebraska has the highest rate of African American infant mortality, with African American infants four times as likely to die before their first birthday than are white infants. Neonatal mortality rates (deaths in the first 28 days of life) have been increasing for the state as a whole.

Other concerns include increasing rates of childhood asthma and asthma related deaths. Nebraska did not reach its Year 2000 goal for reducing childhood deaths due to unintentional injuries. Nebraska children appear to reflect a national trend in increasing prevalence of overweight and obesity among children. Access to oral health care for all children and appropriate subspecialty care for children with special health care needs are ongoing challenges.

The recommended outcome targets in this area focus on assuring a healthy start in life for young Nebraska children with the goals of health promotion and early prevention of medical and oral health problems.

OUTCOME A: BABIES ARE BORN HEALTHY AND GO HOME TO A SUPPORTIVE AND HEALTHY ENVIRONMENT, KNOWING WHERE THEY CAN OBTAIN NEEDED SERVICES.

STRATEGIES	SYSTEMS IMPLICATIONS
• Make prenatal care more accessible and affordable, particularly in the first trimester, through recruitment and retention of prenatal care providers in rural areas, promotion of culturally competent care, improved access to health care coverage, outreach and supportive services, and assuring the highest standards of care.	• Requires additional resources for recruitment and training of providers. • Requires expanded Medicaid coverage. • Requires heightened emphasis on culturally competent care. • Requires mandated prenatal care guidelines (legislation). • Requires work with communities to develop social capital investment in strong communities.

STRATEGIES	SYSTEMS IMPLICATIONS
• Promote preconception and prenatal vitamins, including folic acid, as a routine practice for all women of childbearing age.	• Requires additional resources. • Requires continuation of public/private partnership (marketing, provider training, cultural change).
• Discourage the use of tobacco, alcohol, and drugs before conception and during pregnancy.	• Requires the establishment of a public/private partnership. • Requires additional resources (Consider funds from the Tobacco Settlement)
• Increase public awareness and outreach for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), food stamps, and other nutrition programs available in communities.	• Requires additional resources to develop comprehensive marketing strategy. • Requires philosophical change in HHS services delivery to emphasize referral of clients and identification of needs outside of traditional HHS financial aid.
• Promote family-centered practices that contribute to parents' knowledge about the birth process and early childhood care and development. • Provide monthly newsletter first 3 years of life. • Support 2-1-1 information and referral system. • Expand Answers 4 Families with leadership from First Lady.	
• HHS System will develop and implement a comprehensive primary prevention health care promotion targeted to families with young children expressly promoting the positive outcomes achievable for children who are healthy. Emphasis upon: • The critical significance of early childhood issues. • The implications of early development. • The importance of family nurturing.	• Requires a collaborative effort between the HHS System and the Department of Education. • Requires a recognition and response to the need for early childhood mental health services which are currently very limited/don`t exist.

OUTCOME B: CHILDREN'S BASIC PHYSICAL AND HEALTH NEEDS ARE MET.

STRATEGIES	SYSTEMS IMPLICATIONS
• Provide regular, periodic developmental and basic health screenings for all children at appropriate age intervals. Refer children with health or developmental risk factors for further evaluations as appropriate.	• Requires the creation of incentives for access to health care (provider and patient). • Requires the development of a quality assurance process.
• Promote safe, healthy homes and communities.	• Requires public awareness campaign. • Requires enforcement of public safety regulations such as child safety seats, Clean Indoor Air Act.
• Ensure that all newborns are screened for hearing loss before hospital discharge. Implement a tracking system that assures that those infants identified with potential hearing loss in the hospital receive appropriate diagnosis, treatment, and educational services after discharge.	• Requires implementation of the Infant Hearing Act (in process). • Requires additional resources to develop follow-up system.
• Ensure that all babies identified as "at risk" are enrolled in the NICU follow-up process (Developmental TIPS) and supported throughout early childhood.	• Requires additional resources. • Requires integration of teams at the local level to provide coordination and follow-up.
• Provide a home visit by a qualified professional, agreed upon voluntarily by the family, during the first week following birth. Implement continued and periodic home visits throughout the early childhood period for those families who have identified particular needs.	• Requires additional resources. • Requires establishment of a statewide home visitation network. • Requires commitment to Family Support America “Guidelines to Family Support”*.

STRATEGIES	SYSTEMS IMPLICATIONS
• Ensure that babies identified as "high-risk" are referred to the Medically Handicapped Children's Program and Early Intervention Program for services.	• Requires implementation of marketing program. • Requires awareness of need and obligation to refer. • Requires development of closer working relationship with primary care providers.
• Develop specialty medical and mental health care and treatment statewide for children and their families through the promotion and utilization of telehealth services.	• Requires recruitment of champions for telehealth. • Requires creation of demand.
• Ensure all children are appropriately immunized by 2 years of age.	• Requires creation of public awareness of need to immunize.

• Promote and support breastfeeding as the best nutrition for babies.
  • Promote workplace policies accommodating breastfeeding.
  • Revise regulations where applicable to acknowledge breastfeeding as preferred method.
	• Requires public awareness campaign.

• Ensure that all children have a medical and oral health care home.	• Requires access to local health care resources (insurance coverage, providers, transportation, etc.).
• Assess the need for early childhood mental health services. • Support further work of the Early Childhood Mental Health Work Group	

STRATEGIES	SYSTEMS IMPLICATIONS

• Ensure that children are safe through training of child protective services staff on early childhood development and recognition of abuse and neglect of children with disabilities.
  • Create medical tracking system.
  • Conduct health and developmental assessments.
	• Requires major systems development around continuity and access to care.
	• Requires priority as a state commitment
	• Requires creation of cultural change in staff, providers, courts.
	• Requires additional quality foster care homes.

• Promote awareness of the high incidence of abuse and neglect in children with disabilities and develop needed supports and training for families of children with special needs.	
• Ensure that children in the foster care system receive appropriate health and developmental assessments that determine what services they need.	
• Ensure that children in the foster care system receive services identified through health and developmental assessments and that medical and dental records are located in a tracking system to assure continuity of care.	

ENSURING THAT FAMILIES RAISING YOUNG CHILDREN HAVE SUPPORT FROM THEIR COMMUNITIES

Healthy and capable children require the nurturing of healthy families; healthy families require the support of healthy and caring communities. In Nebraska, efforts to support children must jointly support their families, as families are the most significant and powerful people in children's lives.

Challenge in making the transition to parenthood occurs across all income and education levels. However, families who are impoverished, whose educational attainment is low; or who suffer the impact of racial, ethnic, low income, or other difference factors, have additional burdens as they work to raise their children.

Consequently, Nebraska's efforts at supporting families must recognize and accept differences while providing support to all families. Approaches should derive from the following:

MODEL FAMILY SUPPORT PRINCIPLES
(Borrowed from Family Support America)

1. Staff and families work together in relationships based on equality and respect.

2. Staff enhance families capacity to support the growth and development of all family members, adults, youth, and children.

3. Families are resources to their own members, to other families, to programs, and to communities.

4. Programs affirm and strengthen families cultural, racial, and linguistic Identities and enhance their ability to function in a multicultural society.

5. Programs are embedded in their communities and contribute to the community building process.

6. Programs advocate with families for services and systems that are fair, responsive and accountable to the families served.

7. Practitioners work with families to mobilize formal and informal resources to support family development.

8. Programs are flexible and continually responsive to emerging family and community issues.

9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

This requires a change in the role of the State in communities. The State, demonstrating a new multidisciplinary and collaborative approach (in contrast to the current agency-specific approach), must become an active partner with communities to promote and develop early childhood awareness, programs and services. Strong, visible, state leadership and commitment is essential--leadership that drives an early childhood/family support philosophy and agenda based on family support principles.

***OUTCOME C: FAMILIES WITH YOUNG CHILDREN LIVE IN SAFE AND NURTURING COMMUNITIES AND NEIGHBORHOODS*.**

STRATEGIES	SYSTEMS IMPLICATIONS
• Build upon existing efforts to provide quality information and materials on parenting and child development through natural community access points: doctor's offices resource centers churches, shopping centers, etc.	• Requires a commitment (including resources) from the State. Communities are reluctant to commit to local early childhood program development.
• Further develop and offer quality parenting and family issues classes for adults/families with young children. Target availability via natural community environments: doctors offices, resource centers, schools, etc.	
• Further develop and offer quality parenting and family issues classes for parenting teens. Target availability via natural community environments: doctors offices, resource centers, schools, etc.	
• Develop partnerships with communities to promote safe neighborhoods, safe schools, safe communities.	

OUTCOME D: FAMILIES WITH YOUNG CHILDREN ARE CONNECTED TO AND SUPPORTED WITHIN THEIR COMMUNITIES.

STRATEGIES	SYSTEMS IMPLICATIONS
• Expand existing local literacy public awareness initiatives and literacy programs targeting child care settings, schools, libraries, family resource centers and other community settings	• Requires linking of current initiatives such as Read for Joy, HeadsUp! Reading, and Even Start and a planned redesign of the Nebraska Good Beginnings Parenting Education Materials..
• Expand the provision and support of a variety of comprehensive, community-based home visitation programs.	• Requires coordination with health-based home visitation programs.
• Begin book give-away programs with distribution through physician's offices, libraries, fairs, and other community events.	• Requires additional resources.
• Promote and assist communities in the establishment of family resource centers within neighborhoods, in or near schools. Resource centers provide outreach to families with young children. They may provide a variety of services/supports, quality childcare, family literacy, health and mental health services, parenting skills building services, parent/adult education, job readiness services, or other family support services.	• Requires a collective State response to a community's needs in supporting families. A coordinated response is more efficient and more respectful for a community's limited time and resources. • Requires a collaborative effort between the HHS System. • Requires a recognition and response to the need for early childhood mental health services which are currently very limited/don`t exist. • Requires additional resources.

STRATEGIES	SYSTEMS IMPLICATIONS
• Promote wages that will allow families to provide the care and support needed for the healthy development of their children.	• Requires better coordination and integration of agencies/programs within State Government focused upon jobs/employment. • paying "living wages"Agencies such as Labor (Workforce Investment Act), Health and Human Services (Employment First, etc.), Economic Development "workforce development", Education, etc. Also, including private sector participation.
• Develop and make available to communities quality diversity and equity training--training beyond awareness and competency training. Consider this training as a mandatory condition to receive State grants.	

STRENGTHENING EARLY DEVELOPMENT AND LEARNING

Recent brain research combined with the growing number of studies on the benefits of high quality early childhood programs on children's subsequent school and life success emphasize the importance of developing public policy that focuses resources on the needs of younger children. Of particular urgency is the need to improve the quality, availability, and affordability of programs for children under the age of three in settings which are consciously designed to promote children's health, development, and learning.

As we work to improve outcomes for children participating in early childhood settings, we also must address issues of affordability for families, the education and compensation of early childhood staff, and the role of communities in improving services for children statewide. Child outcomes can be enhanced through improved staff availability and reduced staff turnover. This will require resources to maintain a well qualified workforce through increased compensation

The outcome-based recommendations in this area focus on improving opportunities for early development and learning for all Nebraska children from birth through age eight, including programs serving elementary age children in before and after school settings.

OUTCOME E: ***FAMILIES CAN FIND AND ACCESS APPROPRIATE PROGRAMS AND SERVICES TO MEET THEIR CHILDREN'S DEVELOPMENTAL AND LEARNING NEEDS, INCLUDING CHILDREN WITH SPECIAL NEEDS.***

STRATEGIES	SYSTEMS IMPLICATIONS
• Building on the integrated model developed through the Early Childhood Pilot Projects, increase the number of full day/full year collaborative programs involving Head Start and other school and community-based programs, including those serving children with special needs.	• Requires additional resources (2001-03 NDE budget contains request for $5,000,000 to fund additional collaborative programs).
• Develop strategies and resources to respond to the demand for infant/toddler and out-of-school-time care.	• Requires additional resources.

STRATEGIES	SYSTEMS IMPLICATIONS
• Provide incentives for business and industry to offer child care, including school age care, on/near site or as an employee benefit.	• Requires implementation of the recommendations of the Governor's Business Council on Child Care Financing regarding the development of incentives and recommended funding mechanisms.
• Establish a low-cost or no-cost loan program and expand current grant programs to build or renovate facilities, emphasizing better accessibility for all children, including meeting assistive technology needs.	• Requires additional resources.
• Provide incentives for child care settings meeting higher quality standards via a tiered system to provide options for parents in the selection of programs.	• Requires additional resources to support quality.
• Develop strategies and resources to respond to the demand for care during non-traditional hours.	• Requires additional resources.

OUTCOME F: COMPREHENSIVE CHILD DEVELOPMENT PROGRAMS/ SERVICES ARE BASED ON RESEARCH-BASED PRACTICE AND STANDARDS.

STRATEGIES IN SUPPORT OF SYSTEM IMPROVEMENT	SYSTEMS IMPLICATIONS

• Establish a research-based multilevel system of standards for all early childhood care and education programs.
  • Develop a user-friendly program selection/evaluation tool for use by families.
  • Establish performance indicators to measure program ffectiveness.
	• Requires definition of requirements of levels/tiers building on existing system (i.e., melding SPED, Head Start, Indicators of Quality, and minimum licensing requirements).

• Develop a coordinated database for all early childhood settings to monitor service provision and effectiveness.	• Requires continuation of Interagency Data Consolidation group; determine common performance indicators across funding streams (e.g., Head Start, Even Start, GPRA of various funding streams. Can be supported with current Child Care and Development Quality Funds.
• Provide incentives to communities to establish collaborative partnerships at the community level among child care, Head Start, and public preschool programs that assure the availability of quality, comprehensive services in one location.	• Requires that Requests for Proposals be configured to require partnerships to access funds.
• **Expand opportunities for families to find quality inclusive child care settings for children with disabilities and to access all services in the most natural environments.**	• Requires a merging of work begun through the Map to Inclusive Child Care Project and the Natural Environments Workgroup.

STRATEGIES TO ENHANCE PROFESSIONAL DEVELOPMENT	SYSTEMS IMPLICATIONS
• Strengthen the in-service training system by increasing support to the existing Regional Training Coalitions.	• Requires additional resources. Can be supported with current Child Care and Development Quality Funds.
• Implement a scholarship program based on the T.E.A.C.H. model supported by the individuals involved, their employers, and a state incentive program to: 1) provide scholarships to upgrade the credentials of people currently working in the field and to help retain their services, and 2) provide pay raises and increased benefits in recognition of continued professional development and consistent service.	• Requires public and private resources; public resources would support acquisition of additional training (can be piloted using current Child Care and Development Quality Funds; private resources would support raises in wages and benefits.)
• Develop an early childhood credentialing system that begins with an entry-level credential and includes all levels of postsecondary education and all systems that deliver in-service training; • allows early childhood professionals to obtain credentials at multiple levels; • research-based core content; • provides for the development of articulation agreements among postsecondary institutions; and, • is linked to the licensing system.	• Requires clarifcation of legislative authority of NDE to issue prekindergarten certificates; especially important to enable implementation of the unified Early Childhood Endorsement.

STRATEGIES TO ENHANCE PROFESSIONAL DEVELOPMENT	SYSTEMS IMPLICATIONS
• To help recruit and retain well-prepared staff, establish state-funded health insurance for staff members in child care programs that serve children receiving subsidy.	• Requires legislation to enable access of staff to health insurance funded through public sources.
• Strengthen the relative and approved provider child care sector through required minimum training.	• Requires regulations to enable addition of minimum training requirements for approved caregivers.

ASSURING THE INTEGRATION OF THE EARLY CHILDHOOD SYSTEM

To achieve the vision of healthy, safe and successful children, early childhood programs/services provided through state agencies (particularly the Departments of Education and Health and Human Services) must be an integrated system. For this to happen it will be necessary to identify child and family needs at both the local and state levels, and create state and local partnerships designed to meet them. This outcome is intended to support the achievement of the vision through a redesign and refinement of the systems to deliver programs and services and the resources to support them.

OUTCOME G: ***BROAD-BASED NETWORKS OF INDIVIDUALS AND ORGANIZATIONS WORKING AT THE STATE AND COMMUNITY LEVELS SUPPORT THE HEALTH, SAFETY, AND SUCCESS OF ALL YOUNG CHILDREN.***

STRATEGIES	SYSTEMS IMPLICATIONS
• Develop a marketing plan that will make Governor and state agencies champions for early childhood.	• Requires agency directors to create and support policies/processes to implement an integrated system. Use results of Early Childhood Interagency Team analysis to determine what mechanisms within NDE and HHSS need to be in place to integrate services. • Requires a mechanism to move funds/staff from agency to agency.

• Form local/regional systems integration work groups to meet monthly through identification of key members of existing early childhood community. Work groups will:
  • Examine programs/services with regard to integrated access, services delivery, funding and outcomes.
  • Review and approve new initiatives to ensure they fit the vision.
	• Recommend that the Children and Families Foundation serve as a neutral convener at the community level. (Intended to redirect work of existing councils (e.g., Early Intervention Planning Region Teams, Family Preservation Teams, Good Beginnings Teams, Head Start Policy Advisory Councils, Regional Training Projects) by changing their focus to one of integrated services.).
	• Requires initiation of pilot community integrated teams to test process.

STRATEGIES	SYSTEMS IMPLICATIONS
• Form an integrated, interagency multidisciplinary state response team to include representatives of relevant agencies and private sector participants as a support for community planning through technical support and training (needs assessments, evaluation processes, funding options)	

• Establish the newly legislated comprehensive state early childhood council:
  • Create a state-level business work group of the council to promote business awareness, involvement and partnerships, including participation in professional development efforts, and to promote general awareness and advocacy of the value of early childhood supports and interventions.
  • Create a workgroup of the council to address the issues and needs of young children with developmental delay or disabilities and their families.
	• Intended to result in business community activities to support families with young children.
	• Will require marketing ideas to create advocacy that results in employer on-site child care, flexible work hours, family leave, job sharing and local fund raising for early childhood.

• Governor and Legislature direct resources toward early childhood programs/services.
  • Reexamine the use of tobacco funds, Medicaid or interagency transfer funds for redirection to early childhood initiatives/activities
  • Introduce or support legislation that focuses on and promotes early childhood initiatives.	

STRATEGIES	SYSTEMS IMPLICATIONS
• Continue the Early Childhood Interagency Task Force to develop strategies for coordination of all services toward an integrated system of early childhood services.	• Requires continuous examination of services in light of vision to monitor duplication and overlap and identify gaps in services. • Requires a determination of the potential for shared resources (i.e., training, funding). • Requires the involvement of stakeholders in reviewing current services. • Requires a mechanism for reporting to HHSS Policy Cabinet and the Commissioner of Education.

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